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President 1978—1979
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Now!

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- May 9** Annual Meeting Springfield Academy of Medicine
- May 16** HDMS Executive Committee Meeting
- May 17** Council Meeting MMS
- May 23 - 24** MMS Annual Meeting
- June 6** HDMS Executive Committee Meeting
- June 17 - 22** AMA Annual Meeting, St. Louis, Missouri

ANNUAL MEETING OF MMS

- 11:15 A.M.** Shattuck Lecture
- 2:00 P.M.** Annual Meeting of the Fellows
State of the Society
John J. Byrne, M.D., President
- 3:15 P.M.** Annual Discourse
Unproven Hypotheses
Thomas R. Dawber, M.D.
Professor of Medicine, Boston University
School of Medicine
- 6:00 P.M.** Annual Reception
- 7:00P.M.** Annual Dinner
H.R. Hornberger, M.D., Chief, Thoracic Surgery
Mid-Maine Medical Center
Author of M*A*S*H*



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of The Massachusetts
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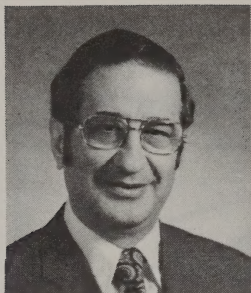
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.

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PRESIDENT'S PAGE

THE LONGEST DISTANCE RUNNER

The Boston Marathon is an event which can be viewed from different vantage points: perennial Roman spectacle, mass media event, or magnificent display of human spirit and endeavor.

The marathon can be classified, albeit on different levels of magnitude, with the Olympics, with climbing the Himalyas, with the manned space shot but for an important exception: The Boston Marathon is open to any and all persons who have qualified in running the distance within a maximum time frame, although contrarily but democratically even those who haven't qualified often run anyway.

The race is rigorous, demanding and long. Not all who start are able to finish the grind. Yet all who run are aided and honored by the spectators. Friends and strangers, those by the wayside, sense the needs of the long distance runners.

The marathon is an ultimate test, of conditioning and discipline, of body and mind, of will and willingness. A price is paid for endurance in sacrifice of self.

The runner is at best lonely, beset by aches and strains, using up valued reserves of energy against a distant and uncertain goal, unsure of completing the race, questioning the value of success, and distracted by more tempting pastimes, less painful, more pleasurable.

Physicians are like those marathon runners. The physician runs a personal marathon every day in his or her professional life. The professional life is rigorous and demanding, crowded with patients needs and events. Not all who run finish, yet all are aided and encouraged by their families, their patients, and their colleagues and friends.

The physician's life is an ultimate test, of conditioning and discipline, of body and mind, of personal will and willingness to serve. Self is exchanged for energy and somehow the physician endures.

The physician can be lonely in making professional decisions. Like the marathon runner he too may be beset by personal aches and family strains, using up valued reserves of strength against an uncertain future, unsure of completing the race, questioning the value of success, distracted by more tempting pastimes, less painful, more pleasurable.

The physician is the longest distance runner.

ROCCO A. VERRILLI, M.D.



PRESIDENT-ELECT SPEAKS ABOUT SECOND OPINIONS

The Second Surgical Opinion and Its Significance.

It may be presumptuous for an Internist to have surgical opinions but I would like to muse a little about the concept. It could be that it has ramifications beyond the surgical specialties.

A number of insurance companies within an hour's drive of Hampden County have begun programs of voluntary second surgical opinions. In essence, these provide - if the patient desires - full coverage for a second opinion regarding the advisability of elective surgery.

There can be little argument that if an operation isn't going to do a patient any good, he or she is just as well or better off without it. Hence, there can be little fault to find, at least, on the surface, with a plan which assists the patient, at no cost, to make a prudent decision regarding the advisability of surgery.

There certainly must be some unnecessary surgery - there is some unnecessary everything. Whether, in spite of tissue committees, Medical Audits, Peer Review, etc., there is no inordinate or unconscionable amount has not really been determined.

It appears to me that the concept of Second Surgical Opinion produces further erosion of the autonomy of the attending physician. This may not be all that bad. A physician should have a certain amount of autonomy with regard to his practice but how much is certainly a matter for discussion and dispute. The trend is in the direction of reducing autonomy.

If there is cost saving in the program, the logical step would be to make it compulsory. This could be readily done in negotiating contracts with the business community.

If second surgical opinion, why not second medical opinion. There are many elective medications and treatments which are expensive and have much more potential for harm than some of our surgical interventions. Furthermore medical treatment is not generally administered in the floodlit arena of the O.R. with co-workers available to harbor judgments regarding the wisdom of certain procedures.

The second surgical opinion suggests that "the one who pays the piper is beginning to have thoughts about calling the tune." How extensively, we'll have to wait and see.

For our part, we should try to develop mechanisms within the medical community to insure appropriate medical care for all. How much this will assuage the medical providers particularly the big one in D.C., time alone will tell.

JOHN J. FLAHIVE, M.D.



ANNUAL DISTRICT MEETING

The 138th Annual Meeting of the Hampden District Medical Society was held on Tuesday, April 25, 1978 at Storowton Tavern in the Stagecoach Barn.

There were 154 members present.

Dr. Verrilli, President called the meeting to order at 6:00 P.M.

Dr. Stoddard read the minutes of the November 22, 1977 meeting and they were accepted as read. The February 7, 1978 meeting had been cancelled because of the blizzard.

All Committee Reports had been printed in the April issue of the Hampden Hippocrat and it was voted to accept them as printed.

There were no reports with recommendations.

Old Business

There was no old business.

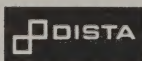
New Business

Dr. Verrilli suggested that all dinners of the District Society membership be paid courtesy of the HDMS. This was voted in the affirmative.

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Dr. Verrilli discussed the need for a full time person to coordinate HDMS with the Foundation, Western Mass. Health Planning Council, etc. This idea was voted by the membership to be further studied and after study bring it back for a vote to the membership.

Dr. Remsberg, Treasurer gave the Annual Report for the year. He presented a budget of \$54,750 for 1978-1979 a slight increase over the previous year primarily due to the cost of living increases. The budget was approved with an increase of dues to \$100, five dollars to go to the Scholarship Fund. In the absence of Dr. Kennedy, Auditor, Dr. Remsberg read the report stating that the books had been audited and found to be in order.

Announcements

Seminars on Negotiations will be held in May at the University of Massachusetts, sponsored by the AMA. Further information can be obtained from the HDMS office.

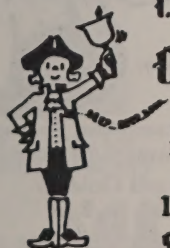
The Annual Meeting of the Health Care Foundation of Western Massachusetts will be held on Monday, May 1, 1978 at the Yankee Pedlar in Holyoke.

Dr. Stoler, Nominating Councilor to the MMS announced that 20% of the Massachusetts delegates to the AMA come from HDMS. Dr. Ayres and Dr. Hough were recognized as delegates. Dr. Ayres reiterated good standing of the HDMS in the AMA and encouraged more physicians to join therefore increasing the number of delegates to the AMA.

Dr. Verrilli asked for the membership to stand for a moment of silence for seven members deceased during the past year.

A golden certificate was shown to the membership for Dr. Joseph E. Slowick of Palmer who has been in medicine for fifty years. Dr. Slowick was unable to attend the meeting and his certificate will be mailed to him.

Certificates have been printed for thirty new members who joined HDMS during the past year. These will be mailed to the new members also.



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Election of Officers

Dr. Roland Stebbins, Chairman of the Nominating Committee presented the slate of officers for the coming year. Upon motion made and seconded it was voted by the membership to accept the slate as nominated. Members of the Nominating Committee were Drs. Fitzpatrick and Ryan.

Dr. Flahive was introduced and given a standing ovation. He gave a short acceptance speech and presented Dr. Verrilli with a plaque for the fine work accomplished during the past year.

Dr. Verrilli then gave a challenge to the Society and pleaded to make themselves known to the public and bureaucrats in Washington, through lobbyists. Physicians can not be apathetic or self satisfied with their endeavors. They must be accepted as consumers as well as deliverers when National Health Plans are implemented.

The business meeting was adjourned at 6:50 P.M.

After a social hour dinner was served.

Following dinner a Symposium was held on "The Impaired Physician". Participating in the program was Dr. Aaron Leavitt, Chairman of the Peer Review Committee and Moderator of the symposium. Mr. E.M. Steindler, Executive Director for the Department of Mental Health of the AMA was the first speaker. Mr. Steindler gave a review of the procedure for formulating a committee and the method of approach to the disabled doctor. Dr. Perry R. Ayres of Worthington, Ohio was the next speaker representing the Ohio State Medical Association. He gave a picture of the program and how it works in Ohio. He also spoke of how successful it is in Ohio and the success in other states that have adopted the plan for aiding impaired physicians.

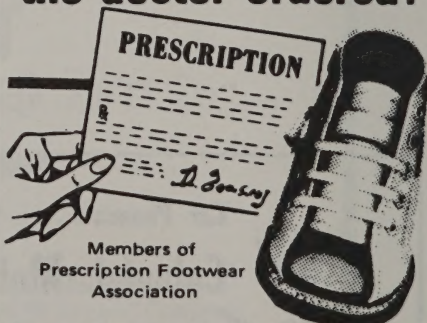
Dr. Verrilli adjourned the meeting at 10:00 P.M.

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EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, April 18, 1978 in the Conference Room of the HDMS.

Present were Drs. Verrilli, Walthall, Flahive, Sachsse, Magill, Remsberg, Lynn, Fitzpatrick, Stoddard, Dasco and Mrs. Purdy. Dr. McKenna from Valley District Dental Society was also present.

Correspondence

The meeting was called to order by Dr. Verrilli at 7:36 P.M. The minutes of the March meeting had been mailed to the members and the committee voted to accept the minutes as written.

Old Business

Yellow page listing in the telephone book was discussed. Dr. McKenna was present and explained to the members how the dental society kept a special listing out of the yellow pages. Much discussion followed about the listing. Dr. Verrilli suggested appointing a committee of three to investigate and draw up guidelines for proper specialty listing. Drs. Sachsse, Stoddard and Fitzpatrick agreed to study this suggestion and give a report at the May meeting. Discussions were held about the listing of the specialties of Medical West, the Blue Cross HMO in Chiopee. These listings are without physicians' names. Mrs. Purdy will get names of physicians representing these specialty listings. Mr. Schofield of the Yellow Page Listings will be invited to attend the May meeting of the Executive Committee to discuss the specialty listings.

Old Business

Dr. Remsberg, Treasurer, gave the Annual Report of the Treasurer. He presented the budget for 1978-1979. Dues will increase to \$100 and all dinners will be provided by HDMS to the members. Mrs. Purdy discussed three machines from Pitney Bowes that are under consideration for purchase or leasing. It was agreed by the committee to

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obtain these machines and method of payment will be investigated by Drs. Verrilli, Flahive and Remsberg. The budget was voted in the affirmative unanimously by the committee.

The resolution that HDMS had presented to the MMS for the Council had been returned for clarification. Dr. Dasco, Executive Councilor will be meeting in Boston on Wednesday with the Executive Committee and will discuss this resolution.

The material from the Springfield Community Mental Health Service System has been sent to Dr. Janovsky for review. Dr. Verrilli has asked Dr. Janovsky to be the representative to the Board of this System. Dr. Janovsky will let Mrs. Purdy know if he is able to accept this assignment.

Two members appointed to the Publications committee, Dr. Waxman and Dr. Hough were approved by the Exec. committee.

Drs. Simpson and Verrilli were nominated for the Editorial Board. The Executive Committee approved of these nominations also.

Mrs. Purdy reported on the second meeting she has had with the Civil Defense office on reestablishment of the Ad Hoc Disaster Medical Care Committee. Dr. Janes has accepted chairmanship of this committee.

Drs. Swierzewski, L. Smith and Willcutts representing Providence, Holyoke and Mercy Hospitals are also on the committee. Another meeting will be held shortly including the physicians to implement disaster medical care plans in the hospitals.



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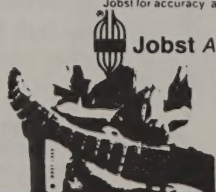
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A Tel-Med installation program was outlined by Mrs. Purdy. Four hundred tapes on medical subjects are available over the telephone to the public. These programs have been successful in other cities. Blue Cross - Blue Shield will make the initial financial outlay and the city of Springfield will assume responsibility. A meeting will be held with the Mayor shortly to further discuss the installation. The committee approved the Tel Med program.

Dr. Verrilli read a letter from Connecticut General Insurance Company on second opinions for surgery. They have had programs in Hartford since June 1977. The Conn. General representative would like to come and explain this voluntary program to the committee. Dr. Verrilli and Dr. Flahive will meet Mr. Gary of the Conn. General Insurance Co.

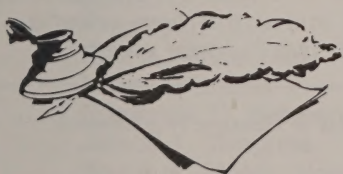
Dr. Verrilli asked Mrs. Purdy to explain the method for reactivating more positively legislation emanating from Boston. Information would be sent around to the various medical buildings in Hampden County with important information about legislation and would be distributed by an appointed person in each building.

Dr. Verrilli has appointed Dr. Stoler to the Board Planning Development Committee of the WMHPC. The HSA will be notified of this appointment.

Dr. Verrilli discussed the success of Fairfield County Medical Association in Connecticut in employing a coordinator to attend HSA meetings. A similar person might be employed by the HDMS to improve the cooperation between the HDMS and the various health oriented agencies. This will be introduced at the Annual Meeting to the membership for reaction. It would necessitate an assessment. The committee approved.

Mrs. Purdy read a letter from the director of the Council for the Aging about a Elderlee Day on May 24, 1978 at the Civic Center. The HDMS will finance a booth for Cancer Society and the Heart Association to distribute material to interested participants of the program.

The meeting was adjourned at 9:45 P.M.



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THE AMA said state and local medical societies should be involved at every step in HEW's process of designating physician shortage areas, including the actual assignment of physicians. In a letter commenting on regulations to establish new criteria for such areas, the AMA also recommended that the regulations be modified to remove undue reliance on the population-to-physician ratio in designating shortage areas.

THE THIRD NATIONAL Conference on Impaired Physicians will be Sept. 29-Oct. 1 in Minneapolis. The meeting will be sponsored by the AMA in cooperation with the Minnesota State Medical Assn.

THE SECOND ANNUAL jail conference, sponsored by the AMA, will be Oct. 27-28 in Chicago.

A NEW DIRECTORY of medical practice opportunities for physicians, the Opportunity Directory, has been published. Important features are the computer-generated indexes which facilitate finding the most suitable opportunity. Also published is the new Physician Directory, containing resumes (but not the names) of physicians seeking opportunities. Both directories will be published quarterly. For more information write Physicians' Placement Service, AMA Headquarters.

THE NUMBER of Americans living in areas officially designated as having a physician shortage could increase by 56% to a total of 25 million under new criteria proposed by HEW's Bureau of Health Manpower. Under current rules, a shortage level is reached when there are 4,000 or more persons per primary care physician. The new proposal would lower this level to 3,500. Of the estimated 25 million people who would be in shortage areas under the new criteria, 15 million live in inner cities.

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The wines of Germany are among the greatest light white wines in the world, and one Vine, the Riesling, must be accorded the honor of giving us the finest of German wines. Though its' grapes are small and not very juicy, the wines they yield are some of the most wonderful in the world. The other grapes of Germany are the Sylvaner, the Traiminer and the Muller-Thurgau, but the masterpieces of the Rhine and Moselle Valley all are from the Riesling grape. The Riesling grape ripens late in November or even December, and with this long ripening period, the grapes accumulate a great deal of glucose which gives the wine a richly piquant vivacious fruity taste.

What does the German wine label tell you?

Usually at the top of the label the wine growing region is listed. There are 11 wine growing regions in Germany and in the German language, the region is called a GEBIET. The 11 designated regions for quality wine are (1) AHR-the northernmost region, noted for excellent red wines, (2) Nahe (3) Rheingau-one of the most famous districts with distinctive and authoratative Riesling wines (4) Rheinhessen-mainly soft aromatic wines made from the Sylvaner grapes (5) Rheinpfalz-known as the wine cellar of the Holy Roman Empire. Here the wines are full bodied, rich and spicy. (6) Mosel-Saar-Ruwer-These Riesling wines are among Germany's finest Mosel wines, all in green bottles as opposed to the other regions which use brown bottles. (7) Franken-noted for Sylvaner wines in distince Flagon-shaped bottles (bocksbeutel). (8) Mittlerhein (9) Baden (10) Wurttemberg (11) Hessische Bergstrasse. The most common ones available to us today are from the Mosel-Saar-Ruwer, the Rheingau, the Rheinpfalz, and the Rhein-hessen.

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A BEREICH is a smaller district within the region, such as the famous Bernkastel in the Mosel-Saar-Ruwer Gebiet. A third sub-division is a Grosslage; an area formed by a number of neighboring vineyards whether in the same village or not - such as the famous Schwarze-Katz. An individual vineyard is called an Eimzellage.

For instance, if we picked up a green sloping shouldered bottle, its label would have to say Mosel-Saar-Ruwer which would distinguish it as wine grown anywhere in that Gebiet. If the label also said Bereich Saar-Ruwer, we know that this wine came from the smaller and more defined section of vineyards. If the label also stated Grosslage Scharzberg, we know that the wine grew along the Saar river itself where the Scharzberg vineyards are situated. If the name Ockfen (or Ockfener-since ER is often added to names) is given the wine must have been grown on the 200 acres of vineyards associated with that well known Saar-town. Finally, "Ockfener Bockstein" on the label indicates the wine is from Bockstein vineyard in the village of Ockfen. Also on the label you might see "Aus Eigenem Lesegut" or "Erzeuger Abfullung" which means the wine is from the producers own estate and "Eigene Abfullung" means the wine was bottled by the producer.

There are three levels of quality to German wines which are so designated on the label:

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- (1) TAFELWEIN - the most ordinary table wine with no special attributes. It need not attain any particular strength or come from any particular place or grape. It is not allowed to use a vineyard name.
- (2) QUALITATSWEIN or QUALITATSWEIN BESTIMMTER ANBAUGEBIETE OR QUALITATSWEIN B.A. - This wine must come from recognized grape varieties and be grown in one of the eleven official regions, and have before fermentation a minimum level of natural sugar of between 6-7%. It may have sugar added to increase that to a maximum of 9%. It can be blended with other wines within a designated area. The most celebrated of these wines is "Liebraumilch".
- (3) QUALITATSWEIN MIT PRADIKAT - the highest category of German wine which literally translated means quality wine with special attributes. To these wines no sugar can be added and thus they can be produced only in years when nature yields up fully ripened grapes.

The special attributes of this last designation Qualitätswein mit Pradikat are indicated by fine German terms that on the label tell us precisely the grade of wine that is in the bottle we are buying.

- (1) The most general of these "honor" wines is called "Kabinett". It denotes the highest and driest of the top quality wines.
- (2) The next higher distinction is the Spatlese or Spatleser wines. These wines come from grapes harvested after the normal picking period. The grapes are left on the vine to ripen, hence, they have a slightly higher sugar content than the Kabinett wines and are slightly sweeter and richer with more body.
- (3) The third designation "Auslese" means select picking. This wine is made from fully ripened grapes which are specially sorted from the rest and pressed separately. These wines are sweeter and proportionately more expensive.
- (4) The fourth designation "Beerenauslese" is one step beyond Auslese. Here the grapes are picked singly by hand, are overripe and the wine is a mature, fruity, full, amber colored wine with an unmistakable flowing aroma. It too becomes more expensive.
- (5) The ultimate in German wines is the "Trockenbeerenauslese". Only grapes shrivelled like raisins are hand picked and pressed. These are from very late gatherings or from grapes affected by the "noble rot" or mold which decreased the water content and thus increases the sugar content. These wines are very expensive and very sweet and very desirable.

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On each label you will also see an AP No. (Amtliche Priefnummer) which is a number given by the State indicating the state testing, the batch and the year produced. It is your further assurance of quality control.

The year on the label is important for there were good years and mediocre years in the German wine industry. Suffice it to say that the wines of 1971, 1975 and 1976 will all go down in history as the greatest of the century and will last in wine cellars for many many years. Good Auslese, Beerenauslese and Trockenbeerenauslese can be carefully stored up to twenty years.

Finally, in the enjoyment of wine, don't be shamed into the old adage that red meat means red wine and white meat means white wine. White wine can compliment any food and here I must admit I am biased. Because of my love for German wines, I feel they are at their best when served alone, for it seems that any food, no matter how delicate, seems to detract from their great finesse. Drinking them while sitting on the patio watching a beautiful sunset in the company of my beautiful wife is the only way these lovely wines should be served. They deserve no less!

JOHN J. ZADWORNY, M.D.

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HOMOSEXUALS

Homosexuals are people who respond erotically to individuals with the same kind of external sexual anatomy as they possess themselves. "Homo" derives from the Greek root meaning "same" as in "homozygous", not from the Latin "homo" meaning "man." American society is currently having great trouble in dealing with its attitudes towards that portion of the population that is homosexual. Physicians have difficulty too, as evidenced by the recent diagnostic arguments among members of the American Psychiatric Society.

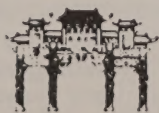
Accurate numerical studies of homosexuals are few. No good statistics are available about the incidence of female homosexuality. The percentage of American males who are obligative homosexuals - those who respond primarily to other males - is probably about 10%. Men appear more vulnerable to psychosexual disorders of various kinds - transsexualism, transvestitism, various fetishes - by a factor of three or four times the incidence in females. Perhaps this ratio applies to the incidence of female homosexuality.

Amid all the political turmoil in America regarding homosexuality - Anita Bryant, gay rights legislation, etc. - stands the physician. As a group, we are not specifically well-educated about sexuality or about sexual development. Yet we are often asked to serve as counselors and guides to people dealing with homosexuality: to adolescents experiencing conflict and confusion about their sexual preferences, to people with venereal diseases, to the mates and parents of homosexuals, to homosexuals depressed over the end of an important liaison. When we are faced with the need to deal professionally with a homosexual, we are faced simultaneously with the need to deal with our own feelings, often intense and unexplored, about homosexuality. How to proceed in this professional and personal distress?

No time is too soon for the doctor to become aware - on his or her own time - of his or her feelings about homosexuality and homosexuals. One also needs to explore the roots from which these feelings derive. Honest dialogue - with mate, minister, friend or therapist - CAN HELP US TO CLARIFY THESE ISSUES. What were the attitudes and teachings about homosexuality in the physician's home and community about homosexuality? Does he or she recall early fantasies or early experiences whose memory evokes fear, shame, guilt or affectionate remembrance? How would the doctor feel if his child were homosexual? Why would he or she feel that way? All this material should be consciously evaluated so that unconscious needs of the doctor do not impinge on his or her counsel to the patient.

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Physicians are often called on to "talk to" an adolescent who is in turmoil about his or her sexuality. Especially here, we need an attitude both empathic and professional, so that our own values do not distort our role as physician. Angry lectures or rejection or disgust are no help here! Only recently have we understood how early the sexual psychologic response is determined, and that it is apparently the clear precursor of adult sexual preference. In one recent study, in over 75% of adult homosexual men, homosexual romantic fantasies clearly predated the onset of adolescence. The relevant figure for female homosexuals is 66%. To further emphasize the youth of the obligative homosexual tendency, 46% of a group of obligative male homosexuals declared their identities publicly ("came out") prior to age 21, while 42% came out between ages 21 and 29. When one considers the panic which most adolescents feel at the possibility of being "different," those adolescents who are coming out into homosexual identity must certainly be undergoing an overwhelming experience. So the obligative homosexual who has known of his erotic tendencies since preadolescence needs his physician's concern, wise counsel, and appropriate treatment. Our own unexamined negative feelings can only alienate us from a group of people who need our care.

E. DEBORAH GILMAN, M.D.

MY MOTHER

Oh, what a wealth I have in My dear mother!
 She's light and guide of ally my paths of life.
 I always love her, for there is no other
 Who could assuage distress, turmoil and strife.

When I look in her eyes, oh what a glee
 I feel within my being - a feeling rare;
 And when I stay with her it seems I see
 In all her actions pride and tender care.

I think of her in any place I am,
 'cause she's strongest link of my life's chain.
 She's in my mind when I am in a jam,
 When I'm in gloom, in peril or in pain.

O mother dear, pearl of my thought and heart,
 How can I compensate your love so fine
 That you gave me and still always impart
 Without expecting solid things of mine?

You are my soothing drug, the healer best;
 You are the teacher who shuns any rod;
 You are the one who gives my wrath a rest;
 You are the fervent prayer for me to God.

JOHN J. ALIFANO SR., M.D.



AUXILIARY TO THE HAMPDEN DISTRICT MEDICAL SOCIETY President's Annual Report

It is with sincere gratitude that I would like to congratulate the board for their cooperation and dedication to this auxiliary. Their support and, especially, their exchange of ideas have been most encouraging to me and has made my experience as president a worthwhile and happy one.

As you know, the groundwork for the year is prepared during the summer months. Mary Lou Derosé began immediate planning for our membership book; and, as a result, we attained an efficient and attractive product.

Our medical Welcome Wagon has been directed by Polly Miller. She visited 22 new families and contacted 19 more. We accepted with regret 5 resignations and registered 3 deaths, giving us a total of 345 members.

Our Cohoes trips organized at the beginning of the year by Wenda Restall were enthusiastically supported; and, as a result, another trip was planned in March, this time by Carolyn Ledewitz, with a similar enthusiastic result.

Legislation being one of our priorities, we conducted a Quality Health Care Seminar on September 20 at the Longmeadow Community House, in conjunction with the Auxiliaries to the Baystate Medical Center and Mercy Hospital. Represented on the panel were: Dr. Verrilli, President of the Hampden District Medical Society, Mr. Gifford, President of Baystate Medical Center, Mr. Tom Yost of the Western Mass. Health Planning Council, Mr. George Hopkins of Mass. Mutual, Mr. Charles Everett of PSRO and Health Care Foundation, and Mrs. Iris Holland, State Representative. Ruth Hafer acted as moderator. Each spoke on his views regarding Quality Health Care, Its Cost and Its Planning.

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DELIVERED & PICKED UP

The White Cap Ball, held at the Crestview Country Club on October 29, was a gala affair under the direction of Lois Grant and Joan Guardione. The attendance was lower than anticipated; but the occasion was beautiful, and everyone had a grand time. We raised \$1500 for our Scholarship Fund that evening.

Elsie Caldarola, assisted by Wenda Restall and Francoise Pelletier, presented an exquisite Holiday Tea at the home of your president on December 6. Many new members were present and also many faces we had not seen in a long time. In addition to the festivities, we had a boutique representing gift items from AMA-ERF, a bake sale organized by Dee Gainski, and special Xmas items from Diana Abbasy and Kathy Gray.

Other activities during the year included a Jazz Concert in March organized by Carole Yorzyk and Betsy Stevens. The raffle was conducted at the same time by Cary DeCenzo who did a beautiful job in arranging all the prized, the main one being a trip to Bermuda. Through the combined efforts of these social activities, we raised a total of \$2,769.41 for our Scholarship Fund this year.

AMA-ERF chairman, Louise Zadworny, reports that we raised \$178 for AMA-ERF. Because of the time, expense and effort involved, it was recommended by the board that in the future we would give a donation of \$50 to AMA-ERF from our yearly budget.

We are finally getting a visual image from the newspapers thanks to Helen Gallivan who is in charge of publicity and articles printed in the Hampden Hippocrat. Our historian, Diana Abbasy, suggested and accomplished the binding of another scrapbook to preserve it.

The telephone committee, directed by Kathy Gray, came to my assistance many times to keep all our members informed of the many activities during the year.



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Doctor's Day was held on March 30. Dr. Joseph Slowick of Palmer was congratulated on his 50 years of service to the community. We sent a donation of \$25 in his honor to the Max Millman Foundation.

It was felt by the board that it was time to re-evaluate the Scholarship awards. Therefore, we have not taken on any new applicants this year until we examine the records of our previous recipients for renewals. This also came about because the board felt that, with the high cost of education, we should consider providing larger awards to fewer recipients. Kay Leagus is busy processing these renewals.

We also investigated the possibility of attaining a tax exempt number. After consulting professional advice, we were informed that we were not eligible for such a number and that the time and clerical work involved would not be to our benefit for this particular organization.

This has been a year of re-examining the purposes of our auxiliary and discussing and deciding on new directions it should take in the future. As a result of many lengthy discussions, the board felt it was time to give more attention to health education. We have initiated a health education project with the Science Museum under the direction of Kathy Lovell and Pat Nenninger. They and their committee have worked tirelessly to develop a new exhibit and program illustrating the "Senses". The Touch and See program for school children is approaching completion and in the initial stage for a proposed larger and wider development culminating in a Health Hall. It is beneficial to us in the role of auxiliary and physician wives to become involved in this far-reaching project which will benefit the community at large, allow personal satisfaction, and contribute to a positive visual image. The board, realizing the importance of this program, granted \$500 from our general treasury to this worthwhile endeavor.

It has also been a time to question our role in the participation within the National Organization. Mrs. Hoyt Gardner, 1st Vice President of the National Organization, was invited to attend one of our board meetings to discuss the activities of the National Organization. This brought out the fact clearly that there has been an unfortunate general lack of communication between our auxiliary and that of the National Organization. It was decided that a closer association was necessary in order to see and have a clearer knowledge of what the national organization can mean to us. On this basis the board decided to designate \$200 in the yearly budget for future presidents to accompany the president-elect to the confluence meeting held in September of each year in Chicago.

My thank yous could not be complete without mentioning Vivian Purdy and Marie Everett. They have been of able assistance on many occasions.

It is with pleasure that I hand over the president's gavel into the capable hands of Polly Miller. We have worked closely together, and she has been a dear friend and constant supporter. The auxiliary is very fortunate to have her as its new president.

Many thanks to each and every one of you and my very best wishes for 1978-1979.

CYNTHIA BYE
President

WELCOME NEW MEMBERS

New members are the vitality of an organization; the best reason to continue pursuing goals. The Auxiliary to the Hampden District Medical Society is proud to welcome the following new members:

Mrs. Edward Bailey (Dena)
31 Northfield Drive
Longmeadow

Mrs. Thomas Clark (Gretchen)
9 Bittersweet Lane
Wilbraham

Mrs. Richard Engelman (Jane)
257 Tanglewood Drive
Longmeadow

mrs. Thurston Gaines, Jr.
(Jacqueline)
159 Burleigh Road
Wilbraham

Mrs. Stanley Glazer (Candy)
68 Knollwood Circle
Longmeadow

Mrs. Joshua O. Kalter (Sara)
20 Atwater Road
Springfield

Mrs. Paul Markarian (Linda)
28 Yorktown Road
Springfield

Mrs. John Rampone (Paula)
181 Twin Hills Drive
Longmeadow

Mrs. Michael Ross (Benita)
103 Blueberry Hill Road
Longmeadow

Mrs. John Rousou (Maria)
32 Brooks Circle
Longmeadow

Mrs. Peter Zinger (Otilia)
109 East Circle Drive
East Longmeadow

In Memoriam

Alice A. Stusick, the widow of Dr. Stanley S. Stusick, died recently in University Hospital, Boston. Mrs. Stusick was a life-long resident and was well known for her involvement in the musical community. The Auxiliary to the Hampden District Medical Society extends deepest sympathy to her daughters and sister.

HELEN GALLIVAN
Auxiliary to the
Hampden District Medical Society
Representative to the Hampden Hippocrat

MERCY HOSPITAL MEDICAL GROUP

The Mercy Medical Group is a Primary Care group practice based at the Mercy Hospital. A grant from Robert Wood Johnson Foundation provided the seed money to launch the program. The staff consists of seventeen people with nine medical-nursing- medical assistant personnel and eight receptionist-secretarial-transcriber-manager personnel. This includes two internists, two pediatricians, one nurse practitioner, two RN's and two medical assistants.

Two major factors leading to its formation were:

1. There has been a decrease in the number of Primary Care physicians serving the Mercy Hospital area. In 1971, an AMA survey showed the Springfield metropolitan area to have 675 physicians for 586,000 population or a ratio of 1.15 physicians per 1,000 population. The Commonwealth of Massachusetts had a ratio of 1.73 physicians per 1,000 population. The U.S. physician to population ratio was 1.29. A recent survey of the Western Massachusetts Health Planning Council showed that in the greater Springfield area, exclusive of Chicopee, Holyoke, and Westfield there are 422 physicians of which 30 percent are in primary care, for a total of 127 primary care physicians. Ninety-four of the primary physicians are in Springfield and 33 are in the seven surrounding towns. With several of these physicians contemplating retirement and the physician to population ratio being 10 percent or so below national levels, this could well portend some restriction in availability of primary care.

2. The low income and senior citizen populations have increased in the immediate neighborhood of Mercy Hospital. A large portion of the incoming group are Puerto Ricans, many of whom are unskilled and unable to get jobs easily. There has been a clustering into housing which often is in questionable condition. This seems to amplify their health needs. Also, many of the incoming people are not bilingual and this has made language a barrier to obtaining appropriate care. The Linden Towers complex for handicapped, low income, and senior citizens is being completed adjacent to the hospital. The Baystate Place complex nearby was completed in 1974.

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Considering these foregoing factors, it was felt that a primary care group located at Mercy Hospital would be in a position to deliver services needed for the area in an effective manner.

With the receipt of the Robert Wood Johnson Grant, the Mercy Medical Group became a reality and opened practice on July 1, 1977. Comprehensive out-patient services in internal medicine and pediatrics are provided, and in-patient services are also provided whenever necessary. Part of the group has bilingual capabilities and bilingual health professionals are also available from the hospital program. Patient and family health education including emphasis on immunization is given a high priority. Charges are on a fee for service basis. The staff is on a salary basis. Referral to specialists is by the preference of the patient or the parents, or whenever there is no preference cited, referral is to the roster of physicians as provided for Emergency Room coverage. Twenty-four hours a day, seven days a week coverage is maintained.

Audits of utilization and services are carried out to help gage the services rendered. The Mercy Medical Group is trying to offer quality care in a caring and responsible manner and hopes to become a significant contributor to the primary health care needs of the community.

CARL JANOVSKY, M.D.

CAPSULE REVIEWS

Use Of Public Funds For Therapeutic Abortions... In a taxpayers' suit to enjoin members of a county board of supervisors from spending public funds for nontherapeutic abortions for indigent women and to recover sums that had been spent for such procedures, an Arizona appellate court ruled that the supervisors were neither required nor forbidden to pay expenses for elective abortions. The taxpayers wanted a limited definition of "sick" that would exclude pregnancy, but they did not challenge the use of public funds for childbirth expenses. The court said that the range of medical services provided by the county was best left to its board of supervisors, as elected representatives of the people.--*Zuravsky v. Asta*, 569 P. 2d 1371 (Ariz. Ct. of App.; Aug. 1, 1977; rehearing denied, Aug. 30, 1977; review denied, Sept. 27, 1977)

Hospital May Enjoin Disclosure Of Cost Reports... A hospital was entitled to a preliminary injunction to prevent public disclosure of its cost reports, a federal trial court in Florida ruled. As a Medicare provider, the hospital was required to submit to Blue Cross cost reports containing a detailed breakdown of its departmental costs. A reporter for *The National Enquirer* requested the 1975 reports under the Freedom of Information Act. Blue Cross notified the hospital that it was going to release the information, so the hospital filed suit. Since the information in the cost report was confidential and its release would irreparably harm the hospital's competitive position, the court granted a preliminary injunction against release of the cost report.--*Westchester General Hospital, Inc. v. Department of Health, Education & Welfare*, 434 F. Supp. 434 F. Supp. 435 (D.C. * Fla., June 27, 1977)

Medical Bills Paid By Medicare Admissible In Malpractice Suit...The estate of a patient was entitled to new trial in a wrongful death suit against a hospital, a Florida appellate court ruled. A trial court had awarded the estate \$1,500. The estate contended that the trial court erred in refusing to admit into evidence hospital and physician bills which had been paid by Medicare. The appellate court reversed and remanded for a new trial. The medical bills should have been admitted into evidence so that the jury could take them into consideration in determining the estate's damages, the court said.--*Janes v. Baptist Hospital of Miami, Inc.*, 349 So.2d 672 (Fla. Dist. Ct. of App., Aug. 9, 1977; rehearing denied, Sept. 13, 1977)

Court Upholds Timeliness Of Malpractice Suit...A malpractice suit was not barred by the statute of limitations, an Arizona appellate court ruled. The two-year statute of limitations expired on a Saturday, and the suit was filed the following Monday. A trial court ruled that the suit was barred and granted summary judgment for the physician. Reversing that decision, the appellate court said that a procedural rule extended the time period to the next day other than a Saturday, Sunday, or holiday. The case was remanded for further proceedings.--*Salzman v. Morentin*, 567 P.2d 1208 (Ariz.Ct. of App., May 12, 1977; rehearing denied, June 30, 1977; review denied, July 19, 1977)

Dismissed Malpractice Suit May Be Filed Again...A wrongful death suit was filed before the limitations period expired, but three years later it was dismissed for lack of prosecution. Within a year of dismissal the suit was filed again. A trial court dismissed the suit on the ground that it was not filed within the two-year statute of limitations. Reversing the dismissal, an appellate court said the second suit was properly filed. The Limitations Act permitted a second suit to be filed within a year after dismissal of the initial suit for lack of prosecution. That provision applied to wrongful death suits even though the statute of limitations had expired at the time of filing the second suit, the court said.--*Kristan v. Belmont Community Hospital*, 366 N.E.2d 1068 (LLC.App. Ct., Aug. 8, 1977)

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